

BUSINESS TAX RETURN

**CITY OF JESUP
P. O. BOX 427
JESUP, GEORGIA 31598
(912) 427-1313
(912) 427-1329 FAX**

FOR TAX OFFICE USE ONLY

ACCOUNT NUMBER	CLASS NUMBER	SIC NUMBER	DATE RECEIVED

DATE: _____

1. BUSINESS NAME: _____

LOCATION: _____

MAILING ADDRESS: _____

TELEPHONE # : _____ **FED ID/SALES TAX # :** _____

2. OWNER'S NAME: _____

HOME ADDRESS: _____

TELEPHONE # : _____ **SS # :** _____

OWNER'S NAME: _____

HOME ADDRESS: _____

TELEPHONE # : _____ **SS # :** _____

NAME OF ACCOUNTANT: _____

NEW BUSINESS OR RENEWAL (Please Circle One)

EXEMPTIONS:

1. For over the age of 65 exemption:

Are you the sole owner of business? _____ **Date of Birth:** _____

Place of Birth: _____

ADMINISTRATION FEE \$ 50.00

Gross Receipts _____ @ _____ \$ _____

No. of Employees _____ (MANUFACTURERS ONLY) \$11.00 per employee \$ _____

Penalty _____ % \$ _____

TOTAL BUSINESS TAX DUE \$ _____

Signature(s) _____
